APPLICATION FOR APPOINTMENT MACOMB COUNTY BOARD OR COMMISSION

	for		11 0111		
		Number of Years		Exact Dates of Appointment	
HE MAC	COMB COUNTY	BOARD OF	COMMISSIONERS	:	
E OF M	ICHIGAN)				
)ss				
	MACOMB)				
I resid	le at			City	Zip
I am a	nt least 18 years o	f age: Yes □	No 🗆		
Citize	n of				
	Cour	nty			
Emplo	oyer:			Telephone:()	
a. Ind	licate nature of v				
	ncate nature or v	our work:			
b. Tit	le:				
b. Tit	le:				
b. Tit	le:				
b. Tit	le:	degrees receive	ed:		
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b. Tit	le:	legrees receive	ed:		
b. Tit	le:	legrees receive	ed:	positions:	
b. Tit	le:	legrees receive	ed:	positions:	ite
b. Tit	le:	legrees receive	ed:	Appointment or Election Da	ite
b. Tit	ently hold the foll	degrees receive	ed:tments and elected p	OOSITIONS: Appointment or Election Da	ite
b. Tit	ently hold the foll	degrees receive	ed:	Appointment or Election Da	ite
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b. Tit	ently hold the foll Tit Tit Tously held appoin	lowing appoin	ed:tments and elected p	Appointment or Election Da Appointment or Election Da Appointment or Election Da Appointment or Election Da	ite

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•	our appointment will benefit Macon	nb County.
I hereby a	pply for appointment to	and do swear or affirm
that (1) if		d or Commission utory and other requirements and obligations of my appointment
(2) if I cea	ase to comply with such requiremen	nts, I automatically forfeit said appointed position; (3) I hold no
		nterest with the appointed position applied for; and (4) to the best
-		
of my kno	wledge and belief, I possess the requ	isite qualifications for the office I am seeking.
		- Simplify
		Signature
		Signature Name (Print or Type)
Subscribe	d and swarn to before me this	
	d and sworn to before me this	
	d and sworn to before me this by of, 20	
da	y of, 20	
da Notary Pu Macomb (ay of, 20 ablic County, Michigan	
Notary Pu Macomb (My comm	ay of, 20 ablic County, Michigan ission expires:	Name (Print or Type)
Notary Pu Macomb (ay of, 20 ablic County, Michigan	Name (Print or Type)